


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90168 046 \*\*\*150.00

<b>DOCUMENT # 845202</b> 1. Entity Name PW IDLEWILD CORPORATION	
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Principal Place of Business 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087	Mailing Address 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087
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04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3020129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DYER, STEPHEN 800 HARBOR BLVD WEEHAWKEN, NJ 07086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAUGHLING, EILEEN M 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LEVINE, KEN 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BENYAI, GERALDINE L 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT DEVICO, LOU 800 HARBOR BLVD WEEHAWKEN, NJ 07087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **LOUIS DEVICO** 4/22/05 (201) 352-0559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #